Bealth Department, Gity of Baltimore.
Permit No. 1341 Office of Registrar of Vital Statistics. Ward 20
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled on to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, requested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, July 15 1881
Full Name of Deceased, {Write legible and spell correctly. If an Intant not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, Years, 3 Months, Day
Color, white
Married, Single, Widow or Widower, {Cross out the words not }
Occumation (
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, Lifetime
Place of Death, {Give Street and } No 1505 Canvalle ff
Cause of Death, Second (Immediate), Souveller
Duration of Last Sickness, About H day All the above information should be furnished by the Physician.
Place of Burial, Louden Park legg
Date of Burial, July 16 1887 h Kypaning
(Undertaker,), 13. Cook Medical Attendant.
Place of Business, 1000 80 Balls Saltress, Lafayelly are I free

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as e same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

City of Baltimore.

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Extract from Regulations of the Board of Health to secure a full and

Undertaker, Wille

Place of Business, 150 Evy

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to Lister Diseases	on Back of this Certificate
Bealth Department, City of Ball. Permit 10 13-42 office of Registrar of Vital Statistics.	ore.
The Physician who attended any person in a last illness, is responsible for the presentation of this Cer to the Undertaker or other person superintending the burial, within twenty-four hours after the death of sa requested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Certification.	tificate, accurately filled out, aid deceased, or sooner, if
CERTIFICATE OF DEATH	I.
Date of Death, July 15, 1887_	
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.	Roberts
Sex, Male or Female, {Cross out the word not }	
Age, Years, 3 Months, Color, Colores	Days
Married, Single, Widow or Widower, {Cross out the words not }	
Occupation,	
Birth Place, {State or country, and how long in the United States, if of foreign birth.	
Duration of Residence in the City of Baltimore, Lefeline	
Place of Death, {Give Street and} 628 Olverson al	/
Cause of Death, { First (Primary), Cholera Infanti Second (Immediate), Exhaustion	ını
Duration of Last Sickness, One month	
Place of Burial, Dhaport Cornetey	
Date of Ramial Alely 110 1887 16 (1 1/ 11	

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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Place of Business,

The Special Attention of Physicians	is Respectfully Invited to the Remarks below, and to	
Barlie	TO	List of Diseases on Back of this certific
geatth 121	Department 18 of	Rultimous
Permit No. 4 /343	Office of Registres	Aurumatk'
to the Undertaker or other person su	Office of Registrum of Vital sperson in a last illness is responsible for the presenta	stistics. Ward
No PERMIT	person in a last illness, is responsible for the presenta perintending the burnal within twenty-four hours after with Burnal CAN BE OBTANCH WITHOUT & PROPERTY.	he death of said deceased, or sooner,
CFR	TITICATE OF	R CERTIFICATE.
Date of Death,	TIFICATE OF DE	CATH. C
Full Name of Deceased, { corn not not not sex, Male or Female (Cross or	ite legibly and spell	4/5.57
Sex, Male or Female, Cross out required i	named, give names arents.	la Cole.
Age,	n this line.	
Color,	Years, Months,	
Married, Single, Widow on I	W:1	Black Days
Occupation,	Vidower, {Cross out the words not } required in this line.}	1/
Birth Place, State or country, and how long in the United States, if of foreign birth.	1	U
Duration of Residence in the	13a	llimon
Duration of Residence in the Place of Death, {Give Street and Number.}		
	FF7 Boyd	A-
Cause of Death, First (Primary),	Lolera In	faction
Second (Immedi	ate),	7
Duration of Last Sickness	1000	uru
All the above information should be furnish	red by the Physician.	
ate of Burial,	16"1000	
Undertaker Land	0 0 18/1/2	21

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the

M. D.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as and date of death.

City of Baltimore.

That whenever any person shall die in the said city, it shall be the duty of twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as and date of death.

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Bealth Bepartment. Tun of Baltimore.
Permit No. A 13 44 Office of Registranof, Xijan Statistics. Ward
The Physician who attended any person in a last filters, it responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the bertal, within twenty-jour hours after the death of said deceased, or sooner, if requested so to do, under penalty of law. NO PERMIT FOR BURIAL CAN BE OBTALLOW WITHOUT A PROPER CERTIFICATE.
CERTIFICATE OF DEATH.
Date of Death, July 15 4 1887
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.}
Cou, made of -1 officered; (required in this line.)
Age, Years, 3/2 Months, Days.
Color, Whili -
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
DI (D. 17 (Give Street and)) 14) Coulant St. (8)
Cause of Death, { Second (Immediate), Ex
Duration of Last Sickness, 4 days. All the above information should be furnished by the Physician.
Place of Burial, Western Cemellary,
Date of Burial, July 16 187) 7 27 Cannon M. D.
{ Undertaker, Ged. Lennback Coroner Nedical Attendant. Place of Business, 64 % N, Pratt M, Address, 70/ Dr. Hill are
Place of Business, 64 7. 1, Tratt M. Address, 170/ Dr. Itile aur-

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

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M. D.

Howard of Address, 12 Place of Business, 6 4. Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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Health Department, City of Baltimore,

Permit No. A 1345 V Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICAT	E OF DEATH.	
Date of Death,	may 15cm (88)	
Full Name of Deceased, \{\begin{array}{l} \text{Write legibly with ink} \\ \text{an and spell correctly. If \\ \text{an infant not named,} \\ \text{give names of parents.} \end{array}\}	John My Groves	
Sex, Male or Female, {Cross out the words not }	Male	
Age, 45 Years, 1 Color, Brown Skin	1 Months, Day	ys.
	oss out the words not)	
	oss out the words not uired in this line.	
Occupation,	Socheren	Managara de la companya della companya de la companya de la companya della compan
Birthplace, {State or County, and how long in the United States, if of foreign birth.	Le veen anni toes M	1
Duration of Residence in the City of Balt		
Place of Death, {Give Street and }	1132 Huees John	
Cause of Death, Second (Immediate),	Pulm Hemurhe	<u></u>
Duration of Last Sickness, All the above information should be furnished by the Physician.	Six Munters 1	
Place of Burial,		
Date of Burial,		
\(\int Undertaker, \(\)	Medical Artendant. M.1	υ.,
Place of Business,	Address, 122 on E. Fry Ma	٠. د

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Wm. J. C. Dulany Co., City Printers and Stationers

Health Department of Baltimore.		
Permit No. 13 46 Office of Registman of Yital Matistics. Ward		
The Physician who attended any person in a last it ness, is responsible to the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the on a system hours after the death of said deceased, or sooner, if requested so to do under menalty of law.		
requested so to do, under penalty of law. No Permit for Burial can be Obtained Without Proper Certificate.		
CERTIFICATE OF DEATH.		
Date of Death, July 14/1817		
Full Name of Deceased, { write legibly and spell correctly. If an Infant not named, give names of parents.		
Sex, Male or Period required in this line.		
Age, Years, Months, House, Days.		
Color; ev		
Married, Single, Widow or Widower, {Cross out the words not }		
Occupation,		
Birth Place, {State or country, and how long in the United States, if of foreign birth.		
Duration of Residence in the City of Baltimore, The Comments of Residence in the City of Baltimore, The Comments of the City of Baltimore, The Comments of the City of Baltimore, The Comments of the City of Baltimore, The City of		
Place of Death, {Give Street and } 217 dewis		
Cause of Death, { First (Primary), Second (Immediate), Convulsions		
Duration of Last Sickness, 4 Days All the above information should be furnished by the Physician.		
Place of Burial, Zauva Corneters		
Date of Burial, July 16 1897		
(Undertaker, & Thinadden vances V. Medical Attendant,		
Place of Business, \$ 46 East Address, 439 h bental Och		
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.		

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully invited to the nemarks below, an

Bealth Department, City of Baltimore.
Permit No. 1344 Office of Registrar of Vital Statistics. Ward 17
The Physician who attended any person in a last illness is responsible to the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the barial, within twenty-four hours after the death of said deceased, or sooner, if
requested so to do, under penalty of law. No Permit for Burial Can be Obtained without a Proper Certificate.
CEDELEIG WILL DISACTION
CERTIFICA DE LOLATH.
Date of Death, July 16 1887
Full Name of Deceased, {Write legibly and spell for rectly. It an Infant not named, give names of parents.
 Sex, Male or Female, {Cross out the word not }
Age, 46 Years, 3 Months, Days.
Color,
Married, Single, Widow or Widower, {Cross out the words not }
Occupation, Housewife
Birth Place, State or country, and how long in the United States, of foreign birth.
Duration of Residence in the City of Baltimore, 23 years
Place of Death, {Give Street and } 1638 Fort Ceve
(First (Primary), Bastro- Enteritis
Cause of Death, Second (Immediate), astheria
Duration of Last Sickness, 4 week
All the above information should be furnished by the Physician.
Place of Burial, Cedar Hall
Date of Burial, Yuly 19 7 1
(Undertaker, B. Harle Medical Attendant.
Place of Business, 175 West of Address, 610 Shary St.
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.
Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Bealth Meyartment, City of Baltimore. Permit No. Office of Registres of ital Statistics.

The Physician who attended any person in a last illness is the possible for the person superintending the burial within the hours for the death of sair requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Trocket Errificate. tation of this Certificate, accurately filled out, Date of Death,_ Full Name of Deceased, Write legible and spell correctly. If an Infant not named, give names of parents. Sex, Male or Female, (Cross out the word not required in this line. Months. Years, Color, ... Married, Single, Widow or Widower, {Cross out the words not required in this line. Occupation, Cefar Birth Place, State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City of Baltimore, all her lefe Place of Death, {Give Street and } First (Primary),-Cause of Death, Second (Immediate), Duration of Last Sickness, All the above information should be furnished by the Physician. Place of Burial, Baltimar Cemetry Date of Burial, (Undertaker. Place of Business, // 5 West at. Address

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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Medical Attendant.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death and date of death. [OVER.]

Bealth Bepartment Ditt of	Baltimore.
Permit No. 134 Toffice of Registras of Vital &	entistics. Ward
The Physician who attended any person in a last illness is responsible for the present to the Undertaker or other person superintending the burnal, within treaty-four hours after requested so to do, under penalty of law. No Permit for Burial can be Observed April 1990.	cation of this Certificate, accurately filled out, for the death of said deceased or sooner, if
CERTIFICATE OF D	
	15-1/887
of parents	a R. Main
Sex, Male or Female, (Cross out the word not)	male 1
Age, 29 Years, 9 Month	Days
Color,	White V
Married, Single, Widow or Widower, {Cross out the words not }	arried
Occupation, Ho	use Reeper
Birth Place, State or country, and how long in the United States, for foreign birth.	etto city
Duration of Residence in the City of Baltimore, 29	9
Place of Death, {Give Street and} 1640 Light	
Cause of Death, { First (Primary), Second (Immediate), Couse	uption
Duration of Last Sickness, All the above information should be furnished by the Physician	utime
Place of Burial, Lauelan larh	
Date of Burial, July 14	R6LSOND
(Undertaker, 13 / 14 As 4	Medical Attendant.
Place of Business, 115 Wart Address, He	more se

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this tertimes

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[over.]